

S. No. 2
M-9-4-41
7-5-17-39
I X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22137

State File No. _____
Registrar's No. 175

REC'D JUL 10 1948

Registration District No. 274 Primary Registration District No. 3052

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
(a) County: Pettis
(b) City or town: Sedalia
(c) Name of hospital or institution: Bothwell Memorial Hospital
(d) Length of stay: 9 hours
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(d) Street No.: 1717 South Missouri
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Craig James
(b) If veteran, name war: none
(c) Social Security: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 30
year: 1943 hour: 2:00 minute: A. M.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Emma James
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: September 24, 1864

21. I hereby certify that I attended the deceased from May 1, 1943 to May 30, 1943 that I last saw him alive on May 30, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 78, Months 8, Days 6

Immediate cause of death: Heart failure
Due to: Mitral insufficiency, aortic stenosis

9. Birthplace: Macon County, Missouri

Due to: probable carcinoma of pylorus -
Other conditions: Myocardial Chorea

10. Usual occupation: Retired Farmer

11. Industry or business:
12. Name: William James
13. Birthplace: Macon, Mo.
14. Maiden name: Angeletta Buster
15. Birthplace: Unknown, Kentucky

Major findings: none
Of operations: none
Of autopsy: none

16. (a) Informant: Mrs. Emma James (wife)
(b) Address: 1717 South Missouri, Sedalia
17. (a) Burial: Memorial Park Cemetery
(b) Date thereof: 5/31/43

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence: _____
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: _____
(b) Address: Sedalia, Missouri
19. (a) Date received local registrar: 5/31/43
(b) Registrar's signature: Mrs. Emma Reigel

23. Signature: _____ (M. D. or other)
Address: Sedalia, Mo. Date signed: 5/30/48

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No.

working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lepton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.